

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                 |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------------------------------|-----------|---------------------------------------------|----------|---------------------------------------|------------|--------------|----------|-------------------------------------------|--|---------------------------------------------|----------------------------|------------------|------------------------|-----------|--------|------------------------|--|-----------|--|--|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |  |                                                                                                                                                                                                                               |  |                                                  | Application or Docket Number<br>09/805,522 |           | Filing Date<br>03/13/2001                   |          | <input type="checkbox"/> To be Mailed |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| APPLICATION AS FILED – PART I                                                                                                   |  |                                                                                                                                                                                                                               |  |                                                  | OTHER THAN<br>SMALL ENTITY                 |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| (Column 1)                                                                                                                      |  | (Column 2)                                                                                                                                                                                                                    |  | SMALL ENTITY <input checked="" type="checkbox"/> |                                            | OR        |                                             |          | SMALL ENTITY                          |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                  |  | NUMBER EXTRA                                     |                                            | RATE (\$) |                                             | FEE (\$) |                                       | RATE (\$)  |              | FEE (\$) |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |  | N/A                                                                                                                                                                                                                           |  | N/A                                              |                                            | N/A       |                                             | N/A      |                                       | N/A        |              | N/A      |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (i), or (m))                                                            |  | N/A                                                                                                                                                                                                                           |  | N/A                                              |                                            | N/A       |                                             | N/A      |                                       | N/A        |              | N/A      |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                           |  | N/A                                              |                                            | N/A       |                                             | N/A      |                                       | N/A        |              | N/A      |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                |  | minus 20 =                                                                                                                                                                                                                    |  | *                                                |                                            | X \$ =    |                                             | X \$ =   |                                       | OR         |              | X \$ =   |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                     |  | *                                                |                                            | X \$ =    |                                             | X \$ =   |                                       | OR         |              | X \$ =   |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                               |  |                                                  |                                            | TOTAL     |                                             | TOTAL    |                                       | TOTAL      |              | TOTAL    |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| APPLICATION AS AMENDED – PART II                                                                                                |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               |  |                                                  | (Column 2)                                 |           |                                             |          |                                       | (Column 3) |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| AMENDMENT                                                                                                                       |  |                                                                                                                                                                                                                               |  |                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |          | PRESENT<br>EXTRA                      |            | SMALL ENTITY |          | OR                                        |  |                                             | OTHER THAN<br>SMALL ENTITY |                  |                        |           |        |                        |  |           |  |  |                        |  |
| 05/26/2009                                                                                                                      |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            | RATE (\$)    |          | ADDITIONAL<br>FEE (\$)                    |  | RATE (\$)                                   |                            |                  | ADDITIONAL<br>FEE (\$) |           |        |                        |  |           |  |  |                        |  |
| Total (37 CFR 1.16(j))                                                                                                          |  |                                                                                                                                                                                                                               |  |                                                  | * 15                                       |           | Minus                                       |          | ** 20                                 |            | = 0          |          | X \$26 =                                  |  | 0                                           |                            | OR               |                        |           | X \$ = |                        |  |           |  |  |                        |  |
| Independent (37 CFR 1.16(h))                                                                                                    |  |                                                                                                                                                                                                                               |  |                                                  | * 3                                        |           | Minus                                       |          | ***3                                  |            | = 0          |          | X \$110 =                                 |  | 0                                           |                            | OR               |                        |           | X \$ = |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| AMENDMENT                                                                                                                       |  |                                                                                                                                                                                                                               |  |                                                  | (Column 1)                                 |           | (Column 2)                                  |          | (Column 3)                            |            | AMENDMENT    |          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                            | PRESENT<br>EXTRA |                        | RATE (\$) |        | ADDITIONAL<br>FEE (\$) |  | RATE (\$) |  |  | ADDITIONAL<br>FEE (\$) |  |
| Total (37 CFR 1.16(j))                                                                                                          |  |                                                                                                                                                                                                                               |  |                                                  | *                                          |           | Minus                                       |          | **                                    |            | =            |          | X \$ =                                    |  | 0                                           |                            | OR               |                        |           | X \$ = |                        |  |           |  |  |                        |  |
| Independent (37 CFR 1.16(h))                                                                                                    |  |                                                                                                                                                                                                                               |  |                                                  | *                                          |           | Minus                                       |          | ***                                   |            | =            |          | X \$ =                                    |  | 0                                           |                            | OR               |                        |           | X \$ = |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |
| Legal Instrument Examiner:<br>/TINA J. BARDEN/                                                                                  |  |                                                                                                                                                                                                                               |  |                                                  |                                            |           |                                             |          |                                       |            |              |          |                                           |  |                                             |                            |                  |                        |           |        |                        |  |           |  |  |                        |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## Legal Instrument Examiner:

## Legal instrument [TINA J BARDEN]